

**N. C. COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES,
SUBSTANCE ABUSE SERVICES**

MINUTES

Thursday, February 17, 2005

**Hilton RTP
4810 Old Page Road
Research Triangle Park, NC 27709**

Attending:

Commission Members Present:

Pender McElroy, Dorothy R. Crawford, Martha Martinat, Pearl L. Finch, Judy L. Lewis, Anna M. Scheyett, William Sims, Martha Macon, Lois T. Batton, Lou G. Adkins, Emily H. Moore, Donald J. Stedman, Carl Shantzis, Floyd McCullouch, Clayton Cone, Connie Mele, Mazie T. Fleetwood, Mary Kelly, Ann Forbes, Tom Ryba, Paul Gulley, Laurie Coker, Buren Harrelson, George Jones, Ellen Russell, Ellen Holliman, Marvin Swartz, M.D.

Commission Members Absent: Fredrica Stell (excused), Porter McAteer (excused), Bernard Sullivan, Jr. (excused)

DMH/DD/SAS Staff Present:

Mike Moseley, Leza Wainwright, Michael Lancaster. Flo Stein, Chris Phillips, Stuart Berde, Darlene Creech, Cindy Kornegay, Vanessa Holman, Lea Slaton, Vivian Leon, John Sullivan, Jim Jarrard

Others:

Ken Earnhardt, Joe Donovan, Bill Duffy, Curtis Venable, Grayce Crockett, Tom Taaffe, Dave Hoppe, Rich Nelson, Charlotte Craver, Mark Stein, June Milby, Sam Bowman, Pam Kelley, Beth Hardy, Stephanie Alexander, Tara Fields, Austin Connors, Ann Suggs, Pamela Moye, Martha Brock, Kathy Neal, Carol D. Clayton, Bob Hedrick, Charles Franklin, Diane Pomper, Sally Cameron, Dorothy O'Neal, Jennifer Sullivan, Greg Barnes, Dave ? (N& O), Pat McGuinis, Jeff McLoud, John Tote, John Crawford, Christine Trottier, Sally Abril, Richard Reho, Dave Richard

Handouts:

1. Mailed Packet:

- February 17, 2005 Commission for MH/DD/SAS Agenda
- November 18, 2004 DRAFT Commission Minutes
- January 19, 2005 DRAFT Rules Committee Minutes
- January 20, 2005 DRAFT Advisory Committee Minutes

- Proposed language: 10A NCAC 27G .1300 Residential Treatment for Children & Adolescents Who Are Emotionally Disturbed or Who Have a Mental Illness; Proposed language: 10A NCAC 27G .1700 Residential Treatment for Children & Adolescents Who Are Emotionally Disturbed or Who Have a Mental Illness; Proposed language: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children & Adolescents Who Have Mental Illness or Substance Abuse or Dependence
- Proposed LME Complaint and Appeal Procedures - submitted by Christine Trottier, Carolina Legal Assistance
- Complaint Survey Results Report
- Updated Commission for MH/DD/SAS membership lists
- Rule Reference Material

2. Mailed Addendum Packet:

- Additional Proposed Division Recommendations: 10A NCAC 27G .1700 Residential Treatment for Children & Adolescents Who Are Emotionally Disturbed or Who Have a Mental Illness; Proposed language: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children & Adolescents Who Have Mental Illness or Substance Abuse or Dependence
- February 10, 2005, NC Council's Rules Workgroup Comments

Additional Handouts:

3. Orientation for New Members Agenda
4. DMH/DD/SAS Organizational Chart
5. Policies Governing Travel Related Expenses
6. Reform of the MH/DD/SAS – Power Point presentation
7. Summary of Division Recommendations for 10A NCAC 27G .1700 Residential Treatment for Children & Adolescents Who Are Emotionally Disturbed or Who Have a Mental Illness and 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children & Adolescents Who Have Mental Illness or Substance Abuse or Dependence
8. Group Home Inspection Update
9. Residential Treatment Level III Policy Position from North Carolina Community Support Providers Council
10. Rules Regarding Residential Treatment for Children and Adolescents Who Are Emotionally Disturbed or Who Have a Mental Illness – Comments from the Coalition for Persons Disabled by Mental Illness

Handouts from Public Comment Period:

11. Section .1700 – Staff Secure Residential Treatment for Children and Adolescents Who Are Emotionally Disturbed or Who Have a Mental Illness – submitted by Curtis Venable.
12. A State Level Complaint and Appeals Process for Non-Medicaid Consumers – submitted by North Carolina Mental Health Consumers' Organization
13. NAMI North Carolina letter – Request for complaint and appeals process for Division funded services

14. Complaint and Appeal Process – Memorandum from Christine Trottier on behalf of Carolina Legal Assistance and the Governor’s Advocacy Council for Persons with Disabilities
15. The Arc of North Carolina letter - Request for complaint and appeals process for Division funded services
16. Rule Making Authority for Complaint/Appeal Process – Memorandum from North Carolina Council of Community Programs
17. Report and Recommendation from the CPDMI Sub-Committee on A Complaint Process for Non-Medicaid Mental Health Consumers
18. Mental Health Association in North Carolina, Inc., letter - Request for complaint and appeals process for Division funded services
19. Appeal and Complaint Process – Memorandum from National Association of Social Workers North Carolina Chapter
20. Coalition 2001 Funding Request - 2005 Session of the N.C. General Assembly

New Member Orientation

Chairperson Pender McElroy called the orientation session to order at 9:00 a.m. He welcomed new members, Carl Shantzis, Connie Mele, Ellen Russell, Clayton Cone, and Buren Harrelson. Each member spoke briefly about his or her background. Mr. McElroy expressed his appreciation for the members’ willingness to serve.

Darlene Creech provided an overview of the Commission’s structure and referred the members to pertinent sections in their orientation manuals. Floyd McCullough, Anna Scheyett and Cindy Kornegay discussed the Rules Committee functions and the Administrative Procedures Act, Don Stedman the Advisory Committee functions and Vanessa Holman the travel and reimbursement policies. Darlene distributed an informational document regarding the history and status of mental health reform in North Carolina.

The orientation session concluded at 10:20 a.m.

Call To Order, Full Commission:

Chairperson Pender McElroy called the general meeting to order at 10:30 a.m. He added two items to the agenda: the DMH/DD/SAS Director’s report and public comment period.

Approval of Minutes

The minutes of the November 18, 2004 were approved upon motion, second and unanimous vote.

Chairman’s Report

Mr. McElroy discussed the need for Commission meeting schedule changes for the May 2005 and November 2005 meetings. The 60-day comment period for the Child Residential rules is projected to end May 16, 2005. The Commission cannot take action on the proposed rules until the comment period ends.

Mr. McElroy suggested May 18, 2005 as a meeting date and a location change to Raleigh since state rates will not be available at the Sheraton, Atlantic Beach on May 18. The members unanimously approved the May 18, 2005 meeting date change and the location change to Raleigh. Sally Cameron noted that May 18 was the date of Coalition 2001's Legislative Rally. The members agreed to have a long lunch break for the May 18, 2005 meeting so that Commission members could attend the rally if desired.

Mr. McElroy discussed the need to change the November meeting date and location (November 9-10, 2005 in Raleigh) to November 14, 2005 at Atlantic Beach so that the contract with the Sheraton could be honored. The members unanimously approved the November 14, 2005 meeting date change and the location change to Atlantic Beach.

Mr. McElroy stated that eleven Commission members' terms would be expiring 6/30/05. He requested that those with expiring terms inform him if they would like to be reappointed. Additionally, he asked that Diane Pomper investigate if Commission members reappointed on or after July 1, 2002 can serve two consecutive 3-year terms regardless of the number of terms they served prior to July 1, 2002.

Mr. McElroy congratulated DMH/DD/SAS Director Mike Moseley for being chosen Lenoir County's Citizen of the Year.

Mr. McElroy reported that he had received a letter from David Swann, Area Director of Crossroads Behavioral Healthcare relative to contracting with Telecare Mental Health Services of North Carolina, Inc. for provision of certain services. Mr. McElroy stated that he would send a copy of the letter to all Commission members.

DMH/DD/SAS Director's Report

Mike Moseley reported that he had completed visits to all 33 Area/County Programs and all 15 state facilities. He remarked that he had been received warmly and that a good mix of individuals was present at the meetings. He commented that a common theme he heard was that of "staff flight," an unintended consequence of LME divestitures. There appears to be a trend of staff leaving the LMEs prior to the community provider capacity being built.

Most areas have questions about how the Medicaid direct enrollment will impact service provision. Additional common concerns include case management, training needs, local inpatient and crisis services and service provision for the non-target populations. Mr. Moseley thanked those Commission members who were present at these local meetings.

Mr. Moseley also reported on the Medicaid Service Definitions, saying that they would be transmitted soon to CMS for their approval. He stated that the DMH/DD/SAS had held two training sessions in January, primarily for LMEs and providers, on the Service Definitions. Over 600 people attended the training in Charlotte and over 700 attended in Raleigh. An additional training has been planned in March. Training sessions are also being planned for consumers and family members. He also reported that the Division is working with the Area Health Education Center (AHEC) and NC Council on training needs.

Mr. Moseley distributed a document entitled Group Home Inspection Update. The document indicated that 198 homes had been inspected, 77 of which had no children in them. The inspections, which had occurred between January 25 and February 10, had resulted in actions being taken against some homes. The inspections are being performed by 40-50 staff from DMH/DD/SAS and the Division of Facility Services.

Dorothy Crawford thanked Mr. Moseley for visiting her area program and asked when licensure activities, delayed as a result of the group home inspections, would resume. Mr. Moseley reported that he had asked for information on this issue, recognizing that timely licensure surveys are essential to building community capacity for mental health reform.

Dr. Marvin Swartz asked if there was going to be sufficient staff to monitor all the services provided under mental health reform. Mr. Moseley stated that the Secretary of DHHS had submitted a Regulatory package addressing this concern to the legislature for budget consideration.

Advisory Committee Report

Dr. Donald Stedman gave the January 20, 2005 Advisory Committee meeting report. He thanked Ellen Holliman for chairing the meeting in his absence. The Advisory Committee is very concerned about workforce issues resulting from LME divestitures because they impact consumers' access to services. Mental health benefits parity also continues to be an issue of great concern. Dr. Stedman stated that he had met with Kaye Johnson, the Division's new Housing Specialist. Ms. Johnson will be presenting at the April 14, 2005 Advisory Committee meeting. The committee will be working hard over the summer on access issues.

Rules Committee Report:

The Rules Committee met on January 19, 2005. Floyd McCullouch and Anna Scheyett Rules Committee Co-Chairs, provided the following report.

Dr. Michael Lancaster, Chief of Clinical Policy for the Division, provided an overview of child residential services. He presented proposed rule changes, which he explained would be the first phase of a larger plan to strengthen the rules governing residential treatment. These amendments/adoptions would be effective July 1, 2005, if approved. Additional changes are slated to come before the Commission later in 2005 and would provide additional safeguards and higher standards for all residential treatment services. Ms. Scheyett referenced the Rule Committee recommendations that were mailed to Commission members, stating that she would not report on the specifics since Dr. Lancaster would be presenting on the proposed child residential rules later in the meeting.

Diane Pomper from the Attorney General's office gave a brief status report concerning the LME Complaint and Appeal Procedures proposed by Christine Trottier, representing Carolina Legal Assistance. Ms. Pomper reported they had not had an opportunity to meet to discuss the proposal.

Dr. Mike Lancaster also reported to the Rules Committee that the proposed LME/Provider rules were not ready for presentation. Due to the number and content of the comments received, additional time is needed to consider these comments as well as make final decisions on key reform issues. A timeframe of April/May is currently planned for submission of the proposed rules.

Proposed Rule Amendments and Adoptions

The Commission members had received in the mail a document entitled “Additional Division Recommendations” relative to the Children’s Residential Treatment and Psychiatric Residential Treatment licensure rules, 10A NCAC 27 G .1700 and 10A NCAC 27G .1900, respectively.

This document contained recommendations, which were additional to those proposed by the Rules Committee. They reflected the collaborative efforts of the Behavioral Healthcare Workgroup, the NC Council Rules Workgroup and staff from DMH, DFS and DMA.

The additional recommendations were as follows:

1. 10A NCAC 27G .1701

- New Paragraph (a) – Adds “system of care” language per the NC Council’s recommendation to establish an expectation of required use of “best practice approaches.”
- Paragraph (i) – Deletes the word “local” to remove confusion concerning children or adolescents who may reside in residential treatment facilities out of their home community.

2. 10A NCAC 27G .1702-.1705

Divides 10A NCAC 27G .1702 Staff into four new rules as follows:

.1702 Qualifications and Requirements of the Director

- Paragraph (a) Must be a qualified professional, must work a minimum of 32 hours per week, 70% of time must be when clients are present and awake.
- Paragraph (b) Requires written policies specifying clinical and administrative responsibilities of directors.
 - Subparagraph (b) has three new requirements
 - Supervision of the group home manager
 - Coordination of each child or adolescent’s treatment plan
 - Provision of basic case management functions
- Paragraph (c) Incorporates by reference Provider Requirement and Supervision standards contained in the service definition, Medicaid Clinical Policy 8D-2, Residential Treatment Services, including subsequent amendments and editions.

.1703 Requirements for Group Home Managers

- Paragraph (a) Group home manager must be full-time and be an associate professional
- Paragraph (b) Requires written policies specifying responsibilities of the group home manager
 - Subparagraph (b) has three new requirements
 - Manage day to day operations

- Supervise paraprofessionals relative to each child/adolescent's treatment plan
- Participate in service planning meetings
- Paragraph (c) Incorporates by reference Provider Requirement and Supervision standards contained in the service definition, Medicaid Clinical Policy 8D-2, Residential Treatment Services, including subsequent amendments and editions.

.1704 Requirements for Paraprofessionals

- Paragraph (a) Requires two staff to be present in the facility at all times when clients are present.
- Paragraph (b) Requires minimum numbers of paraprofessional staff as follows:
 - One staff for 1, 2 or 3 children/adolescents
 - Two staff for 4 or 5 children/adolescents
 - Three staff for 6 or 7 children/adolescents
 - Four staff for 8 or 9 children/adolescents
 - Five staff for 10 or 11 children/adolescents
 - Six staff for 12 children/adolescents
- Paragraph (c) Incorporates by reference Provider Requirement and Supervision standards contained in the service definition, Medicaid Clinical Policy 8D-2, Residential Treatment Services, including subsequent amendments and editions.
- Paragraph (d) incorporates the NC Council's recommendation to remove "when two or more clients are in the facility."
- Paragraph (e) requires one staff to be present when clients are away from the facility.
- Paragraph (f) Replaces the word "staff" with "paraprofessional."

.1705 Requirements of Licensed Behavioral Health Professionals

- Paragraph (a) Requires face to face clinical consultation at least four hours a week by a licensed behavioral health professional
- Paragraph (b) Clarifies consultation in (a) to include:
 - Clinical supervision of the director
 - Individual, group or family therapy services
 - Involvement in client specific treatment plans or overall program treatment issues
- Paragraph (c) Incorporates by reference Provider Requirement and Supervision standards contained in the service definition, Medicaid Clinical Policy 8D-2, Residential Treatment Services, including subsequent amendments and editions.

3. 10A NCAC 27G .1706

- Paragraph (c) Deletes language because of redundancy with language contained in 10A NCAC 27G .1701 Paragraph (d).
- Paragraph (d) Adds requirement for psychiatric consultation from original "Staff" rule.

4. 10A NCAC 27G .1901

- Paragraph (c) Deletes language from previous .1500 Intensive Residential Treatment licensure rule to more clearly reflect PRTF program model.
- Paragraph (e) Incorporates by reference other national accrediting bodies that may

be included in the service definition, Medicaid Clinical Policy 8D-1, Psychiatric Residential Treatment Facility, including subsequent amendments and editions.

5. 10A NCAC 27G .1902

- Paragraph (b) Replaces the term “direct care” with “paraprofessional”
- Paragraph (c) Deletes language to more clearly reflect the PRTF program model.
- Paragraph (d) Incorporates by reference Provider Requirement and Supervision standards contained in the service definition, Medicaid Clinical Policy 8D-1, Psychiatric Residential Treatment Facility, including subsequent amendments and editions.
- Paragraph (f) Clarifies psychiatrist consultation to more clearly reflect the PRTF program model
- Paragraph (g) Deletes language to more clearly reflect the PRTF program model.
- Paragraph (h) Replaces the term “clinical consultation” with “consultation.”

6. 10A NCAC 27G. 1903

- Paragraph (f) Clarifies education model
- Paragraph (i) Clarifies discharge planning requirements

There was considerable discussion of the proposed rule amendments and adoptions. Several Commission members recommended that the director of the child residential treatment facilities be a 40-hour per week staff. Division staff explained that the 32-hour per week director reflected a cost neutral model. A 40-hour director would require the preparation of a fiscal note, which could delay action on the rules. Nevertheless, DMH/DD/SAS Director Mike Moseley urged the Commission members to make recommendations based on what they saw as needed for the operations of child residential facilities without cost considerations.

Ellen Holliman asked the members to consider adding that staff sleeping quarters be in a separate facility. Dr. Lancaster remarked that the requirement is to have staff awake and continually supervising during client sleep hours as per 10A NCAC 27G .1702 (f). She also asked if 10A NCAC 27G .1706 Operations shouldn't have more information on discharge planning, children making home visits as part of transitioning and parent involvement. She also noted that SSI payments should follow the children to the facility. Dr. Lancaster noted that some of these issues are better suited for inclusion in the service definitions.

Public Comment – Complaint and Appeals Process

At 2:00 p.m., Chairman McElroy suggested that discussion of the proposed rule amendments and adoptions be suspended for a short period to allow public comment on the issue of a state-level complaint and appeals process for non-Medicaid consumers. The members unanimously agreed to this agenda change.

Mr. McElroy referenced a previous communication from the Attorney General's office, which indicated that the Commission did not have rule-making authority for complaint/appeals for non-Medicaid consumers because there was not a statutory “right to treatment” that existed for non-Medicaid consumers. Diane Pomper, Attorney General's office, stated that the Commission was not specifically prohibited by statute from rule making in this area.

Jeff McLoud spoke on behalf of the Governor's Advocacy Council for People with Disabilities in support of a uniform appeal/complaint process for all consumers of mental health, developmental disabilities and substance abuse services (mh/dd/sas). He also spoke on behalf of the North Carolina Mental Health Consumers' Organization (NCMHCO) in favor of a state level complaint and appeals process for non-Medicaid consumers and distributed a letter of support from the NCMHCO (Attachment A).

Jennifer Sullivan spoke on behalf of the Coalition of Persons Disabled by Mental Illness and the National Association of Social Workers (NASW), North Carolina Chapter in support of a state level appeals and complaint process for non-Medicaid consumers. She distributed a letter of support from the NASW, North Carolina Chapter (Attachment B) as well as a report and recommendation of support on behalf of a CPDMI Subcommittee (Attachment C).

Pat McGuire spoke as a consumer and a representative of PAIMI (?) in support of a state level appeals and complaint process for all consumers of mh/dd/sa services regardless of source of payment. She queried why the Commission wouldn't undertake rulemaking in this area.

Kent Earnhardt spoke in support of a state level appeals and complaint process for all consumers of mh/dd/sa services regardless of source of payment.

Carol Clayton spoke on behalf of the N.C. Council of Community Programs in favor of a consistent complaint process across all area programs. She noted that the Council is working directly with the DMH/DD/SAS to ensure a policy that requires a consistent handling of complaints regardless of catchment area and type of complaint. She asserted that currently there is equity in how complaints are handled between non-Medicaid consumers receiving institutional services and those receiving community based services. She stated that in each instance consumers have a right to complain to the highest level of governance appropriate to the service setting. For community based services, that level of governance is the local board, for institutional services, that level is the Division. She further stated that Commission rule writing in this area would undermine the intent of G.S. 122C, which underscores the fundamental principle and legislative commitment to local governance and accountability for community based services. In summary, she stated that the Council did not support rule making which violates the basic tenets of local public governance through area authority and county boards. She distributed a memo outlining these principles from the North Carolina Council of Community Programs (Attachment D).

Beth Hardy spoke on behalf of the National Alliance for the Mentally Ill (NAMI) North Carolina in support of rules that establish policy, which safeguards the rights of all North Carolinians eligible for services through the Division. She asked the Commission to fully support the rights of all consumers, not just those whose care is funded by Medicaid. She stated that there was a major flaw in the infrastructure if the right to appeal was protected for some but not all, stressing that access to the process was what they were advocating for. She distributed a letter of support from NAMI North Carolina (Attachment E).

Dave Richard spoke on behalf of the ARC of North Carolina in support of a uniform complaint and appeal process that includes a state level review component, without regard to who pays for the service. He distributed a letter of support from the ARC (Attachment F).

John Tote spoke on behalf of the Mental Health Association in North Carolina (MHA-NC) in support of an equitable state level appeal process for all mental health consumers regardless of source of payment of services.

He stated that the MHA-NC sees this not as a financial obligation/entitlement on the part of the state, but rather as an inequity and consumer rights issue. He stated that there were 100,000 people who don't have an appeal process. He distributed a letter of support from the MHA-NC (Attachment G).

Christine Trottier spoke on behalf of Carolina Legal Assistance and the Governor's Advocacy Council for Persons with Disabilities in support of the Commission adopting rules that provide clients with a state level appeals process. She stated that nothing in the statutes prohibits the Commission from rule making in this area, it would not create entitlement that doesn't already exist and that client appeals and local autonomy are not opposing values. She stated that it would be a win-win situation and that the Commission and state would be more vulnerable not creating a uniform appeal and complaint process. She distributed a memorandum of support on behalf of Carolina Legal Assistance and the Governor's Advocacy Council for Persons with Disabilities (Attachment H).

Diane Pomper of the Attorney General's office stated that she was not taking a position on whether or not rule-making in the area of a uniform complaint and appeals process was a good idea or not, but whether or not the Commission had rule-making authority. She stated that if the Rules Review Commission (RRC) determined that the Commission did not have authority, the proposed rules would be returned. Cindy Kornegay stated that if the Rules Review Commission objected to the rules, the Commission would have the opportunity to respond to the objection. The Rules Review Commission's objection would have to be satisfied in order for the rules to become effective.

A motion was made and seconded directing the DMH/DD/SAS to draft rules providing a complaint and appeals process for non-Medicaid consumers. The motion was approved unanimously.

Public Comment – Child Residential Services

Curtis Venable distributed a document with proposed amendments and adoptions relative to 10A NCAC 27G .1700 (Attachment I). He recommended substantial changes and discussed the rationale for some of the proposed changes.

Sally Cameron spoke on behalf of the Coalition of Persons Disabled by Mental Illness. She distributed a document with comments regarding the rules (Attachment J). The document outlined concerns in the areas of staff qualifications and training, staff to client ratio and clinical oversight in emergency incidents.

Grayce Crockett spoke on behalf of the North Carolina Council of Community Programs. She urged the Commission to approve the amendments/adoptions of the Child Residential rules. She stated that it was a first step in making a difference by raising the bar for provision of child residential treatment services. She further urged the Commission to hold the DMH/DD/SAS accountable for submitting in a timely manner the next phase of rule adoptions/amendments relative to staff qualifications and training.

Rich Nelson spoke on behalf of The Childrens Home. He stressed that accreditation is an important requirement and recommended this as a tool for helping measure quality providers. He cautioned that the staff/patient ratios being proposed would put his facility in financial jeopardy. He stated that there did not need to be six paraprofessional staff present when there are 12 clients sleeping or when there are other professionals (occupational therapists, recreational therapists, psychologists, social workers, etc.) present as is the case in their campus-type setting.

Sam Bowman spoke on behalf of the Governor's Commission on Children with Special Healthcare Needs. As a parent she is able to look from a family focus and urged the Commission to look closely at outcomes. She stated that training of staff is also a critical issue and asked the Commission to consider counties like Surry, which places children in Level III residential facilities because of a lack of community based Medicaid funded services.

Austin Connors spoke on behalf of Children and Family Services Association of North Carolina. He recommended that 10A NCAC 27G .1701 (b) be amended to read: "A private family residence occupied by a family shall not be licensed as a residential treatment facility." He stated that most group homes are private family residences, and rightly so. He cautioned that the rules appear to give more things to count, but don't necessarily guarantee desirable outcomes. He stated the rules represent a reactive response and that the Division should get more input from providers and other stakeholders before getting to the point of having to be reactive.

Pender McElroy requested that Michael Lancaster specifically involve Mr. Connors in future rule development activities.

Mark Stein spoke on behalf of the Commission for Children with Special Healthcare Needs. He stated that there was a disconnect between the service definitions and proposed rules. He believes the rules will make some improvements but doesn't go far enough. He particularly noted issues relative to the definition of Qualified Professional.

Bob Hedrick spoke on behalf of the North Carolina Community Support Providers Council. He distributed a document titled "Policy Position: Residential Treatment Level III" (Attachment K). He noted that residential treatment services are provided in different settings, from 4 bed facilities to campus sites, and that the rules need to take that into consideration.

Child Residential Services Rules Action

Ann Forbes asked for clarification of 10A NCAC 27G .1902 (i): "Twenty-four hour coverage by a registered nurse is required," regarding the word "coverage" and whether or not it meant on-call or on-site. Chairman McElroy requested that the Division seek clarification of this issue.

A motion was made to approve the rules incorporating the recommendations made by the Rules Committee as well as the additional Division recommendations as presented by Dr. Lancaster. During discussion Dr. Stedman objected to excluding 10A NCAC 27G.1706 (c): "Education. Children and adolescents residing in a residential treatment facility shall receive appropriate education services, either through a facility based school, 'home based' services, or through a day treatment program. Transition to a public school setting shall be part of the treatment plan." The motion was amended to approve the rules incorporating the recommendations made by the Rules Committee as well as the additional Division recommendations as presented by Dr. Lancaster, with the exception that 10A NCAC 27G .1706 (c) not be deleted. Dr. Lancaster stated that there were no objections to this being included. After being seconded, the members unanimously approved the motion.

Clayton Cone requested that all comments received regarding the child residential rules be presented in a way so that the comment and entity making the comment could be easily interpreted.

Chairman McElroy requested that DMH/DD/SAS staff include in future rule development processes those who had made public comments at the February 17 meeting.

In other business, Martha Martinat, requested that Chairman McElroy send a letter to the members of the Legislature on behalf of the Commission requesting that all proceeds from the sale of Dorothea Dix Hospital be used for mental health, developmental disabilities, and substance abuse services. Upon being seconded, the motion was unanimously approved.

There being no further business the meeting adjourned at 4:55 p.m.